

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-020969

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 273

Primary Registration District No. 3051

Registrar's No. 75

STATE FILE NUMBER

FILED JUN 14 1963

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Perry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Perry</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Perryville</b>		c. CITY OR TOWN <b>Perryville</b>	
c. FULL NAME OF (If NOT in hospital, give location) <b>Perry County Memorial Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>R.1.</b>	
3. NAME OF DECEASED (Type or print) <b>Anna Margaret Moore</b>		4. DATE OF DEATH Month <b>June</b> Day <b>2</b> Year <b>1963</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 31, 1898</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>	
13a. FATHER'S NAME <b>Frank Nack</b>		14. NAME OF HUSBAND OR WIFE <b>Albert V. Moore</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <b>No</b>		17. INFORMANT Address <b>Mo. Perryville</b> <b>Vincent H. Moore</b>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Multiple fracture</b> <b>Temporal Bone fracture</b> <b>Impact Collision</b> Conditions, if any, which gave rise to, above cause (a), stating the underlying cause last. DUE TO (b) <b>Temporal Bone fracture</b> DUE TO (c) <b>Impact Collision</b>		PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20c. TIME OF INJURY Hour <b>10 A</b> Month, Day, Year <b>6-4-63</b>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Impact collision 7 car</b>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Corner of Perry County, Mo.</b>	
21. I attended the deceased from <b>10 A</b> to <b>10 A</b> and last saw her alive on <b>6-3-63</b>		22. ADDRESS <b>Perryville, Mo.</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>6-4-63</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope Cemetery, Perryville, Mo.</b>		23d. LOCATION (City, town, or county) <b>Perryville, Mo.</b>	
24. SIGNATURE OF DIRECTOR <b>Albert H. Bey, Perryville, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>6-4-63</b>	
26. REGISTRAR'S SIGNATURE <b>Joe J. Zollner</b>			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body, whose name is recorded on the reverse side of this certificate was embalmed by me,

\_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.